

STANDARD CERTIFICATE OF DEATH

FILED OCT 2 1952

State File No. 2484

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 547		Registrar's No. 2484	
1. PLACE OF DEATH a. COUNTY St. Louis b. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights c. LENGTH OF STAY (in this place) 1 Month d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis c. CITY (If outside corporate limits, write RURAL and give township) Kirkwood d. STREET ADDRESS (If rural, give location) 218 Peeke Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Isolde b. (Middle) Ida c. (Last) Price		4. DATE OF DEATH (Month) 9 (Day) 26 (Year) 52		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 2/26/1895		9. AGE (in years last birthday) 58		10. IF UNDER 1 YEAR: Months 7 Days 0 IF UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Green Bay Wisconsin		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Otto Merkel		13b. MOTHER'S MAIDEN NAME Julia Buscher		14. NAME OF HUSBAND OR WIFE Thompson Price Jr.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Thompson Price Jr. Kirkwood Mo. ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of cervix. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) post operative shock DUE TO (c) 171X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 9/25/52		19b. MAJOR FINDINGS OF OPERATION Carcinoma of bladder & rectum primary in cervix.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8/23/52 , 19____, to 9/26/52 , 19____, that I last saw the deceased alive on 9/26/52 , 19____, and that death occurred at 4.45A m., from the causes and on the date stated above.							
23a. SIGNATURE Harriet Manton M.D. (Degree or title)		23b. ADDRESS 607 North Grand		23c. DATE SIGNED 9/26/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/29/52		24c. NAME OF CEMETERY OR CREMATORY Sunset Park		24d. LOCATION (City, town, or county) (State) St. Louis County Missouri	
DATE REC'D BY LOCAL REG. 9-26-52		REGISTRAR'S SIGNATURE Herbert R. Donke MD		25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary ADDRESS 6633 Clayton Road			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Ernest W. Spillers

Signed.....

Student Embalmer

Licensed Embalmer No. *4080*

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.